



Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"

Stacey Cryer ♦ Agency Director



Community Health Services Branch

Environmental Health Division

UKIAH OFFICE

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Ukiah CA 95482

Phone: 707-463-4466 Fax: 707-463-4038

FORT BRAGG OFFICE

120 W Fir St

Fort Bragg CA 95437

Phone: 707-961-2714 Fax: 707-961-2720

SUBJECT: **WET SEASON CONSTRUCTION AUTHORIZATION**

PROPERTY ADDRESS: _____

APN: _____ - _____

ON-SITE SEWAGE PERMIT NUMBER: ST _____

Date Received: _____

Received By: _____

Payment #: _____

Amount Received: _____

The soil conditions have been examined at least to the depth of the infiltrative surface in the area of the proposed initial leachfield and have been found to be dry enough for installation of the permitted system. The soil examination was conducted on ____/____/____.

I authorize installation of the On-Site Sewage System from ____/____/____ to ____/____/____.
This approval is void if **any** rainfall occurs at the site after the date of examination noted above.

Signature of Site Evaluator of DEH Inspector*

Printed Name of Site Evaluator or DEH Inspector*

Date

I understand that the long term performance of a leachfield can be decreased by construction when soil conditions are improper and will halt construction if I note soil smearing and/or compaction.

Signature of Installer

Printed Name of Installer

License Number

Phone Number

Date

AND / OR

Signature of Owner

Printed Name of Owner

Date

Complete all blanks and FAX to DEH at least 1 business day prior to authorized start date.

***Mendocino County has established a fee to cover this service if DEH Inspector performs Request for Soil Moisture Construction Inspection. Fee Amount: \$146.00 (7/12/12)**